



PTO/SB/21 (09-04)

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| | | | |
|---|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/646,527 | |
| | Filing Date | 08/22/2003 | |
| | First Named Inventor | Kenneth COLLINS | |
| | Art Unit | 1763 | |
| | Examiner Name | Maureen G. Arancibia | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 006915/P07 |

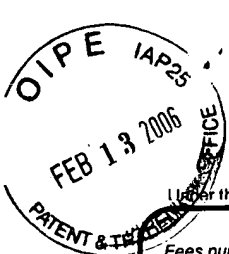
| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---------------------------------|----------|--------|
| Firm Name | Law Office of Robert M. Wallace | | |
| Signature | | | |
| Printed name | Robert M. Wallace | | |
| Date | 02/08/2006 | Reg. No. | 29,119 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Shelly Hart | Date | 02/08/2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | | |
|--|------|--------------------------|----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/646,527 |
| | | Filing Date | 08/22/2003 |
| | | First Named Inventor | Kenneth COLLINS |
| | | Examiner Name | Maureen G. Arancibia |
| | | Art Unit | 1763 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 006915/P07 |
| TOTAL AMOUNT OF PAYMENT | (\$) | 180.00 | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0338 Deposit Account Name: Michaelson & wallace

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): Submission of Information Disclosure Statement under 37 CFR 1.97(c) | \$180.00 |

| | | |
|---------------------|--------------------------|--|
| SUBMITTED BY | | |
| Signature | <u>Robert M. Wallace</u> | Registration No. 29,119 (Attorney/Agent) |
| Name (Print/Type) | Robert M. Wallace | Telephone 805-644-4035 |
| | | Date <u>02/08/2006</u> |

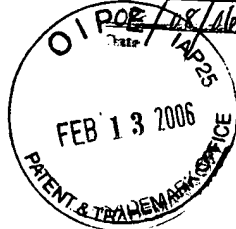
This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFICATE OF MAILING
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is deposited with the U.S. Postal Service
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an envelope addressed to Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on FEB 13 2006 (Date of Deposit)
Mark gallagher

PATENT

Attorney Docket No.: 006915/P07



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Kenneth COLLINS, et al.) Group Art Unit: 1763
)
Entitled: PLASMA IMMERSION ION)
IMPLANTATION SYSTEM INCLUDING A)
PLASMA SOURCE HAVING LOW DISSOCIATION)
AND LOW MINIMUM PLASMA VOLTAGE) Examiner: Maureen G.
) Arancibia
Serial No.: 10/646,527)
)
Filing Date: August 22, 2003)

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(c)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with 37 CFR 1.56, the references listed below and on the attached form PTO-1449 are being brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. A copy of each foreign patent document and/or non-patent literature is enclosed.

This information is being submitted subsequent to the later of three months after the filing date of the present application or the mailing of the first Office Action on the merits, but before the mailing of a final action or the notice of allowance. Please see the attached USPTO Fee Transmittal for fee payment.

02/15/2006 HVUONG1 00000010 500338 10646527

01 FC:1806 180.00 DA

It is respectfully requested that the Examiner indicate consideration of the cited references by returning a copy of the attached form PTO-1449 with initials or other appropriate marks.

Respectfully submitted,



Dated:

02/08/2004

Robert M. Wallace
Reg. No. 29,119
Attorney for Applicants
Customer No. 000044843

Robert M. Wallace
Patent Attorney
2112 Eastman Avenue, Suite 102
Ventura, CA 93003
(805) 644-4035

**INFORMATION
DISCLOSURE
STATEMENT BY APPLICANT**

Sheet 1 of 1

Application Number: 10/646,527
Filing Date: 08/22/2003
First Named Inventor: Kenneth COLLINS, et al.
Group Art Unit: 1763
Examiner Name: Maureen G. Arancibia
Attorney Docket Number: 006915/P07

U. S. PATENT DOCUMENTS

| Examiner Initials | Document No | Publication Date | Name of Patentee or Applicant of Cited Document | Class | Subclass | Filing Date |
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FOREIGN PATENT DOCUMENTS

| Examiner Initials | Foreign Patent Document | Publication Date | Country | Name of Patentee or Applicant of Cited Document | Translation? (Yes/No/n/a) |
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| | EP 1 054 433 A1 | 22.11.2000 | EUROPE | OHIRA, KOUCHI, ET AL. | N/A |
| | JP 04318168 A | 11.09.1992 | JAPAN | KUWABARA HAJIME | N/A |
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| | JP 09186337 A | 15.07.1997 | JAPAN | NAKAHORI MASAKI | N/A |

NON PATENT LITERATURE DOCUMENTS

| Examiner Initials | |
|-------------------|---|
| | Chediak, Alex, et al., "SIMOX - The "Winner" for 300 mm SOI Wafer Fabrication", <i>TICS</i> 5, April 26, 2002, pp. 1-6. |

Examiner's Signature:

Date Considered:

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.